Sexually Transmitted Infections

Editorial

Monetary incentives in research and participation in HIV/STD risk reduction programmes

In a previous communication, DiClemente and Wingood elegantly discuss the benefits and the pitfalls which can occur in programmes of health behaviour change and health research where financial inducements are given to the subjects to enhance enrolment or secure their continuing participation.[1] This situation, of course, is not unknown in the United States where inducement for enrolment in biomedical research has been commonplace for years. In other countries financial reward for research in non-therapeutic, basic research is becoming more common.

Risk reduction for HIV and sexually transmitted infections (facilitating cofactors in the tramsmission of HIV) is of urgent, real, and worldwide importance and research into the psychology and anthropology of the *non*-adoption of healthy lifestyle options is of pressing immediacy. Yet coercion of subjects' participation in such schemes is one of 10 questionable practices in social science research.[2] Whether financial or other inducement is coercion or is on the borderline of coercion remains a matter for debate (what about the pursuit of such research in indigent populations, one wonders?). On the other hand, Douglas (in Patton[3]), in his "conflict paradigm" of society, believes that any or all covert methods of societal research are valid. He advises caution, though:

"...there are at least four major problems lying in the way of getting at social reality by asking people what is going on and these problems must be dealt with if one is to avoid being taken in."

As physicians who might be involved in such research, what authoritative guidance do we get? Unfortunately there is little on medical research in the handbook of ethics from the British Medical Association[4] but the Royal College of Physicians describes payments to *patients* as "generally undesirable".[5] Several commentators, however, have cautioned on the question of inducement causing volunteers more readily or more frequently to offer their services. As Mason and McCall Smith put it:

"Motivation of the ever ready volunteer takes several forms, some good and others bad and, among these, the question of recompense looms large. The Declaration of Helsinki is silent on this aspect but it is reasonably certain that, in the conditions of present day society, very few volunteers would come forward in the absence of some inducement: large payments would, however, be clearly unethical and a reasonable balence must be set—if for no reason than to satisfy the needs of randomisation."[6]

The Declaration of Helsinki *does* comment on the subject of informed consent, advising that the doctor should be particularly cautious where the subject is in a dependent relationship to him or her—which is clearly designed to cover the situation where the subject is a patient of the doctor's. However, this begs the question of financial inducement leading to a similar dependency.

Ethically conducted research must satisfy several conditions, namely:

(1) the pursuit of knowledge
(2) a reasonable prospect the research will generate the knowledge that is sought
(3) a favourable balance of benefits to the subject and society over risks to the subject
(4) fair selection of subjects, and
(5) the necessity of using human subjects.[7]

It seems to me that the fourth condition is in danger of being compromised by the offering of inducement, which recent philosophers might also criticise on the grounds of paternalism.

Is there help at hand from philosophy? The answer is a qualified yes...and no. Many of the types of ethical theory (utilitarianism, Kantianism [Immanuel Kant (1724–1804)], individualism, communitarianism, for example), while laying a different emphasis on the rights of the individual versus the common good, have enough in common broadly to subscribe to certain principles such as non-maleficance, benificence, and justice.[8] Any discussion of the relative merits of inducement to enrol or continue in biomedical research is likely to flounder under the weight of the complexities of the competing arguments of the different standpoints. To attempt a practical, working synthesis, Beauchamp and Childress argue for a practical convergence across theories although they acknowledge that prima facie this may not be the ideal state.[7] They applaud the intuitive induction some have used to modify the philosophies, producing a set of rules which encompasses, for example:

(1) the keeping of promises
(2) being aware of debts of gratitude
(3) not injuring persons, and
(4) promoting the welfare of others.

On the grounds of their third and fourth arguments the practical ploy of inducement gains support. Unfortunately, my reading of modern philosophers would seem to offer a different point of view, and that offering inducement might be injurious to the *spirit* of the inducees. Heidegger [Martin Heidegger (1889–1976)], Nietzsche [Freidrich Nietzsche (1844–1900)], probably Hegel [George Hegel (1770–1831)] and the modern existentialists, in their support for rationality, freedom, and self conciousness were critical in turn of the "scientisation" of society as against the essential "humanity" of humans and the variety of human experience.[9 10] One wonders where they would have stood in relation to our little dilemma of inducement? Would they, one wonders, have been critical of (they might say) the "patronising self interest" of this kind of pursuit, robbing the potential subject of the dignity of helping out, willingly and freely, thus joining in the human conversation? The jury is out.

A final, practical, point occurs to me. The potential for sampling bias when inducements are used is of a significant magnitude. One might supply arguments both for and against such pastimes, but any conclusion would surely have to be framed, and only framed, in the way of "Behaviour, with respect to risk reduction strategies, *in a population recruited using monetary (or similar) incentive*."

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